

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

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In re:)	Chapter 11
)	
W.R. GRACE & CO., <u>et al.</u>,)	Case No. 01-1139 (JKF)
)	Jointly Administered
)	
Debtors.)	Objection Date: July 26, 2009 at 4:00 p.m.
<hr/>)	Hearing: Schedule if Necessary (Negative Notice)

**COVER SHEET TO FIFTY-FIFTH MONTHLY INTERIM APPLICATION OF
DAVID T. AUSTERN, ASBESTOS PI FUTURE CLAIMANTS' REPRESENTATIVE
FOR COMPENSATION AND REIMBURSEMENT OF EXPENSES FOR THE PERIOD
MAY 1, 2009 THROUGH MAY 31, 2009**

Name of Applicant:	David T. Austern, Asbestos PI Future Claimants' Representative ("FCR")
Authorized to Provide Professional Services to:	As the FCR
Date of Retention:	May 25, 2004
Period for which compensation is sought:	May 1, 2009 through May 31, 2009
Amount of Compensation (100%) sought as actual, reasonable, and necessary:	\$24,600.00
80% of fees to be paid:	\$19,680.00 ¹
Amount of Expense Reimbursement sought as actual, reasonable and necessary:	\$ 0.00
Total Fees @ 80% and 100% Expenses:	\$19,680.00

¹ Pursuant to the Administrative Order, as Amended dated April 17, 2002, absent timely objections, the Debtors are authorized and directed to pay 80% of fees and 100% expenses.

This is an: ___ interim X monthly ___ final application.

The total time expended for fee application preparation during this time period is 0.00 hours and the corresponding fees are \$0.00 and expenses are \$0.00. Such time spent on such tasks will be requested in subsequent monthly interim applications or have been performed by the FCR's bankruptcy counsel, Orrick, Herrington & Sutcliffe LLP.

COMPENSATION SUMMARY
MAY 2009

<u>Name of Professional Person</u>	<u>Position of Applicant</u>	<u>Hourly Billing Rate</u>	<u>Total Billed Hours</u>	<u>Total Compensation</u>
David T. Austern	Future Claimants' Representative	\$500.00	49.20	\$24,600.00
Grand Total:			49.20	\$24,600.00
Blended Rate: \$500.00				

Total Fees: \$ 24,600.00

Total Hours: 49.20

Blended Rate: \$ 500.00

COMPENSATION BY PROJECT CATEGORY

<u>Project Category</u>	<u>Total Hours</u>	<u>Total Fees</u>
Plan and Disclosure Statement	49.20	\$24,600.00
TOTAL	49.20	\$24,600.00

EXPENSE SUMMARY

<u>Expense Category</u>	<u>Total</u>
No Expenses	\$0.00
TOTAL	\$0.00

Respectfully submitted,

Dated: July 9, 2009

/S/ DAVID T. AUSTERN

David T. Austern
Claims Resolution Management Corporation
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